



22 US Oval, Suite 115
Plattsburgh, NY 12903

518-560-9934
j.stone@brooksinvestigations.us

EMPLOYMENT APPLICATION FORM

Brooks Investigations Group LLC is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.

PERSONAL INFORMATION

1. Full Name:

Last Name	First	Middle
Address		

2. Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nicknames(s).

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INFORMATION ONLY.

1. Date and Place of Birth:

Date of Birth	City	County	State	Country (if not U.S.)
---------------	------	--------	-------	-----------------------

2. Are you a United States citizen? ☐ Yes ☐ No

If naturalized, please provide:

Date	Place	Court	Naturalization No.
------	-------	-------	--------------------

3. Martial Status: ☐ Marries ☐ Divorced ☐ Separated ☐ Widowed ☐ Never Married

4. Do you have or have you ever applied for a passport? ☐ Yes ☐ No

EDUCATION/TRAINING

1.

High School Name/Address	Dates Attended Mo. / Yr.		Years Completed	Did you Graduate?	Type of Diploma
	From	To			

2.

*College/University Name/Address	Dates Attended Mo. / Yr.		Credit Hours Earned		Did you Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

*Attach diploma or other transcript from last institution of higher education attended.

Major: _____ Minor: _____

3. Other Schools (Trade, Vocational, Business or Military:

Name/Address	Dates Attended Mo. / Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you have received while attending school:

5. Indicate any foreign languages you can

	Fluent:	Good:	Fair:
Speak:			
Read:			
Write:			

6. Indicate any law enforcement and/or investigative education/training/experience:

7. Did you receive a certificate for this training? ☐ Yes ☐ No (if so, please provide a copy)

8. Has your law enforcement and/or investigative certificate ever been suspended, revoked, relinquished or subject to discipline or investigation?

9. Describe any special abilities, interests, and hobbies including the degree of proficiency:

10. Indicate any type of special license, showing licensing authority, where the license was first issued, and date current license expires (except vehicle driver's license):

11. Indicate any special skills you possess and equipment you can use which may be related to employment with Brooks Investigations Group LLC:

EMPLOYMENT HISTORY

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked Mo. / Yr.		Salary	Title Or Position	Name Of Supervisor	Reason for Leaving
	From	To				
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? ☐ Yes ☐ No
If yes, please provide details below:

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? ☐ Yes ☐ No

If yes, please provide details below:

RESIDENCES

1. Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, given location of post office.

Dates Mo. / Yr.		Apt. No.	Street Address	City	County	State
From	To					

ARREST HISTORY

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted or pled guilty to any criminal violation, regardless if the record was sealed or expunged? ☐ Yes ☐ No
2. Have you received a ticket or been charged with a traffic violation (exclude parking tickets)? ☐ Yes ☐ No

Date	Place & Department	Charge	Court & Place	Disposition

Provide details for each response shown above (Questions #1 and #2).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DRIVING HISTORY

1. Do you have a valid driver's license? ☐ Yes ☐ No

State of Issuance: _____ Date of Expiration: _____

Restrictions:

2. Do you hold or have you ever held a driver's license in another state? ☐ Yes ☐ No

If yes, please provide state(s), name used and approximate dates license(s) was/were held:

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? ☐ Yes ☐ No

If yes, please provide complete details including why license was revoked:

4. Have you ever had automobile insurance refused, withdrawn or revoked? ☐ Yes ☐ No

If yes, please provide complete details:

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives) who are responsible adults of reputable standing in their communities, who have known you well for the past five (5) years.

Complete Name _____ (Last, First, Middle)		Home Address: _____
Yrs. Acq.		City, State & Zip: _____
Occupation:		Home Phone: (____) _____
Complete Name _____ (Last, First, Middle)		Home Address: _____
Yrs. Acq.		City, State & Zip: _____
Occupation:		Home Phone: (____) _____
Complete Name _____ (Last, First, Middle)		Home Address: _____
Yrs. Acq.		City, State & Zip: _____
Occupation:		Home Phone: (____) _____

APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from Brooks Investigations. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I also understand that I will be fingerprinted as part of my Private Investigator appointment and/or Security Guard appointment. I understand that this employment application shall become the property of Brooks Investigations and that it and the information received in response to the background examination are public records.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees.

I agree to conform to the rules, regulations and order of Brooks Investigations and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by Brooks Investigations, at its discretion, at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives) which might tend to reflect unfavorably on your reputation, morals, character or ability? ☐ Yes ☐ No

